

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>M. West</i>		<i>5/15/01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>A.T.</i>	<i>1071</i>	<i>07/10/01</i>
RESPONSE FORMALITY REVIEW	<i>TAP</i>	<i>1100</i>	<i>10-8-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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H.S.  
7-10-01  
10/10/01